

Fall Computer Basics For Beginner's Classes



Would you like to know how to use your computer effectively?

Would you like to get some basic questions answered?

Would you like to know how navigate your computer?

Would you like to know the computer language other's are using?

If yes to any of these questions then let's get registered!!!!

When: Thursday's, October 4th, 11th & 18th, 2012
Time: 6:30pm-8:00pm
Cost: \$30.00
Where: The Franklin Center
Ages: 13 & up
Registration Deadline: Thursday, September 27, 2012

Materials: Laptops will be provided! Feel free to bring your own!

TO REGISTER: Please complete the back of this form and mail to:

Franklin County Parks & Recreation
2150 Sontag Road
Rocky Mount, VA 24151
540-483-9293 office 540-483-0440 fax
www.franklincountyva.gov/parks



**For more information contact
Jacob Dill, instructor, at 540-483-7700.**

Franklin County Parks and Recreation
Registration & Liability Waiver Form For
2012 Fall Computer Basics For Beginners Classes

Name _____ **Age** _____

Mailing Address _____

City _____ **Zip** _____

Email Address _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and to be used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Participant _____

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____